

**COMMONWEALTH OF VIRGINIA  
WORK BREAKDOWN STRUCTURE WORKSHEET**

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Project Identification

**Project Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Agency:** \_\_\_\_\_ **Agency Contact:** \_\_\_\_\_  
**Project Manager:** \_\_\_\_\_

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WBS Information

Phase	Activity Number	Activity Name	Estimated Hours	Dependent Upon	Role